

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE 456 / 671															
(check only one)																	
<input checked="" type="checkbox"/> X	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. ILONA SOLDES, M.D.

Mailing Address 10 GRISTMILL LN

City

GREAT NECK

State

NY

Zip Code

11023

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 008*

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
04 / 24 / 2009

Transaction ID: SA11.8184078

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JOHN S. SOMERVILLE, JR.

Mailing Address 174 BUTTONWOOD DR

City

FAIR HAVEN

State

NJ

Zip Code

07704-3632

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 008*

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

MM / DD / YYYY
04 / 20 / 2009

Transaction ID: SA11.8171139

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JOHN S. SOMERVILLE, JR.

Mailing Address 174 BUTTONWOOD DR

City

FAIR HAVEN

State

NJ

Zip Code

07704-3632

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 008*

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

MM / DD / YYYY
04 / 23 / 2009

Transaction ID: SA11.8181631

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)